



30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025

P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

3/19

Client Intake Form

Name: _____

How did you find out about Schwartz Therapy + Wellness, P.C.? _____

Other Family Members Attending: _____

Residence (circle): Own Home/ Apartment Rent Home/ Apartment Live With Parents Dorm
Other: _____

Current Relationship Status (circle): Single Engaged Married Remarried Separated Divorced
Widowed Living Together Other: _____

Length of Time in this Relationship Status: _____

Spouse/ Significant Other's Name: _____ Age: _____

Have you had any previous marriages? _____ From: _____ to: _____

Current Household Members: list all persons with whom you currently live. Please indicate their name, sex and relationship to you (spouse, significant other, child, parent, sibling, etc.). Put an asterisk * next to any person you currently have a concern about.

Overall impression of your present family life: _____

Father's Name: _____ Age: _____

If deceased, date of death: _____ How old were you at the time? _____

Mother's Name: _____ Age: _____

If deceased, date of death: _____ How old were you at the time? _____

Siblings: Please list the name, sex, and age of all your brothers + sisters.



30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025

P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

3/19

Overall impression of your childhood family life: _____

Are you currently working? _____ Please, describe: _____

How satisfied are you with your job? _____

What is the highest level of education you have completed? _____

Are you planning any further education? _____ If so, please specify _____

Describe if + how religion/ spirituality play a part in your life: _____

List activities that you enjoy: _____

What do you see as your strengths? _____

What do you see as your weaknesses? _____

What are your main fears? _____

What are your major life goals at this time? _____

Do you or any members of your family who suffer from alcohol or substance abuse? _____

If yes, please describe: _____

Do you or any members of your family have a history of mental illness? _____

If yes, please describe: _____

Have you ever had suicidal thoughts/ attempts? _____ When? _____

Please, add any information you think is important about it: _____



30800 Telegraph Road • Suite 1775 • Bingham Farms, MI 48025

P: 248.629.0709 • F: 248.645.1808 • E: mallory@schwartztherapy.com • W: www.schwartztherapy.com

3/19

**Therapist response: _____

Has anyone in your family or close circle of friends had suicidal thoughts/ attempts, or has anyone you know suicided? _____

**Therapist response: _____

List any serious illnesses, accidents, operations, or traumatic experiences (such as physical or sexual abuse) you have ever had + your age at that time: _____

**Therapist response: _____

Date of last physical exam? _____ Findings: _____

Please, list your current medications/ supplements: _____

Are you being seen by any other professional person (physician, minister, priest, rabbi, psychologist, social worker, etc.) for physical or emotional difficulties at this time? _____

If yes, please describe the nature of the problem and their treatments: _____

Why did you decide to enter counseling at this time? _____

Have you had previous counseling? _____ If yes, approximately when? _____

How would you describe your counseling experience? _____

How will you measure the success of your counseling experience with Schwartz Therapy + Wellness, P.C.? _____

Please, provide an emergency contact _____

Relationship: _____ Phone: _____
